

2023-2024 MEDICAL BENEFIT: PPO PLAN

Medical Overview: [Please refer to the Summary of Benefits and Coverage for more information.](#)

Plan Type: PPO	CYP2	
	NETWORK	NON-NETWORK
Deductible	\$2,500 Ind. / \$5,000 Fam.	\$5,000 Ind. / \$10,000 Fam.
Type	Embedded	Embedded
Co-Insurance	70%	50%
Out-of-pocket With Deductible	\$7,150 Ind. / \$14,300 Fam.	\$10,000 Ind. / \$20,000 Fam.
PHYSICIAN		
Office Visits	\$15 Co-Pay - PCP \$50/100 Co-Pay - Specialist	Ded. & Co-Ins.
Preventive Care	Covered in Full	Ded. & Co-Ins.
FACILITY		
Professional Services	Ded. & Co-Ins.	Ded. & Co-Ins.
Inpatient Hospital	Ded. & Co-Ins.	Ded. & Co-Ins.
Outpatient Facility	Ded. & Co-Ins.	Ded. & Co-Ins.
Emergency Room	\$300 Co-Pay, then Co-Ins. May also be subject to Ded.	Covered as Network Benefit
Urgent Care	\$25 Co-Pay	Ded. & Co-Ins.
PRESCRIPTION DRUGS		
Retail	Tier 1: \$10 Tier 2: \$40 Tier 3: \$85 Tier 3: \$250	50% Co-Ins.
Mail Order (90 day supply)	Tier 1: \$25 Tier 2: \$100 Tier 3: \$312.50	Not Covered

2023-2024 MEDICAL BENEFIT: HSA PLAN

Medical Overview: [Please refer to the Summary of Benefits and Coverage for more information.](#)

PLAN TYPE: HSA	CY09 HSA	
	NETWORK	NON-NETWORK
Deductible	\$5,000 Ind. / \$10,000 Fam.	\$10,000 Ind. / \$20,000 Fam.
Type	Embedded	Embedded
Co-Insurance	80%	50%
Out-of-Pocket with Deductible & Co-Pays	\$6,750 Ind. / \$13,500 Fam.	\$20,000 Ind. / \$40,000 Fam.
PHYSICIAN		
Office Visits	Ded. & Co-Ins - PCP Ded. & Co-Ins - Specialist	Ded. & Co-Ins.
Preventive Care	Covered in Full	Ded. & Co-Ins.
FACILITY		
Professional Services	Ded. & Co-Ins	Ded. & Co-Ins.
Inpatient Hospital	Ded. & Co-Ins	Ded. & Co-Ins.
Outpatient Hospital	Ded. & Co-Ins	Ded. & Co-Ins.
Emergency Room	Ded. & Co-Ins	Covered as Network Benefit
Urgent Care	Ded. & Co-Ins	Ded. & Co-Ins.
PRESCRIPTION DRUGS		
Retail	Medical Ded. Applies Tier 1: \$10 Tier 2: \$40 Tier 3: \$85 Tier 4: \$250	Medical Ded. Applies 50% Co-Ins.
Mail Order (90 day supply)	Medical Ded. Applies Tier 1: \$25 Tier 2: \$100 Tier 3: \$312.50	Not Covered

HSA CONTRIBUTION BY THE LIBRARY:

Employee Only Coverage: \$125/month
Employee + Dependents: \$250/month